



CAREER SERVICES DEPARTMENT

REQUEST FOR JOB PLACEMENT ASSISTANCE

Last Name _____ First Name _____

Address _____ Home Phone _____

City, State, Zip _____ Work Phone _____

Program of Study _____ Graduation Date _____

Position Desired/Job Title _____

Full time _____ Part time _____ Hours _____

Qualifications/Skills _____

Date available for work _____ Geographical Pref. _____

Please give the names, addresses and phone numbers of two people (other than someone in your household) who are likely to always know how to contact you.

1. Name _____ Phone () _____

Address _____ City, State, Zip _____

2. Name _____ Phone () _____

Address _____ City, State, Zip _____

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I hereby authorize the Counseling and Placement Center at Heart of Georgia Technical College to release, on my behalf to prospective employers, my grades, transcripts, resumes, and other such information contained in my educational records as is necessary to aid employers in assessing my potential for placement in employment.

I understand that this information will be disclosed to those persons with the employer's organization who have been determined by the organization to have a need to know. I understand that this information is being released pursuant to Section 438(B)4(B) of the Family Education Rights and Privacy Act of 1974 and will not be released to other parties without my consent.

Signature _____ Date _____